CITY OF Warsaw

181 W. Harrison St. ● P.O. Box 68 ● Warsaw, Mo. 65355
Phone: (660) 438-5522 Fax: (660) 438-7142

APPLICATION FOR EMPLOYMENT

WE ARE AN EQUAL OPPORTUNITY EMPLOYER
We consider applicants for all positions without regard to race, color, religion, creed, gender, national origin, age, disability, marital or veteran status, or legally protected status.

POSITION APPLYING FOR:_____ **TODAY'S DATE:**_____/_____/_____

EMPLOYMENT DESIRED: ☐ FULL TIME ☐ PART TIME

APPLICANT INFORMATION:			
Last Name:	First:		M.I.
Street Address:		Apartment/Unit #	
City:	State:	Zip:	
Phone: ( )	E-Mail Address:		
Date Available:	**SALARY DESIRED $**		
Are you authorized to work in the U.S.? ___Yes ___No	Can you provide proof of citizenship? ___Yes ___ No		
Have you ever worked for the City? ___Yes ___ No	Department:	Year (s):	
Are you related to any City employee(s)? ___Yes ___No	Name of Relative:		

EDUCATION:		
High School Name:	Address:	
Did you graduate? ___Yes ____No	Degree:	
College Name:	Address:	
Did you graduate? ___Yes ____No	Degree:	
Other:	Address:	
Did you graduate? ___Yes ___No	Degree:	

REFERENCES: *Please list three references:*			
Full Name:		Relationship:	
Company:		Phone: ( )	
Address:	City:	State:	Zip
Full Name:		Relationship:	
Company:		Phone: ( )	
Address:	City:	State:	Zip:
Full Name:		Relationship:	
Company:		Phone: ( )	
Address:	City:	State:	Zip:

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PREVIOUS EMPLOYMENT: ***Please list three most recent positions, beginning with most recent.***		
Company Name:		Phone: ( )
Address:	City, State, Zip:	
Job Title:	Starting Salary: $	Ending Salary: $
Responsibilities:		
From: / / to / /	May we contact your previous supervisor for a reference? □ Yes □ No	
Reason for Leaving?		
Company Name:		Phone: ( )
Address:	City, State, Zip:	
Job Title:	Starting Salary: $	Ending Salary: $
Responsibilities:		
From: / / to / /	May we contact your previous supervisor for a reference? □ Yes □ No	
Reason for Leaving?		
Company Name:		Phone: ( )
Address:	City, State, Zip:	
Job Title:	Starting Salary: $	Ending Salary: $
Responsibilities:		
From: / / to / /	May we contact your previous supervisor for a reference? □ Yes □ No	
Reason for Leaving?		

SKILL INFORMATION: (CHECK TO ALL THAT APPLY)		
MOTOR VEHICLES:	**EQUIPMENT:**	**Other:**
Class B CDL MO. Drivers license	Front End loader	Blue Print Reading? __Yes __No
Standard Transmission Vehicle	Backhoe	Production/Mobile Machinery
1 ½ Ton Flatbed Truck	Skid Steer (Bob Cat)	Hand Tools
Dump Truck	Zero Turn Mower	Cleaning Tools (Vacuums etc)
Other:	Concrete Saws	MSDS knowledge
CLERICAL / OFFICE SKILLS:	Surveyor's Transit	Other:
Typing (_____words per min)	Stump Grinders	
Microsoft Word	Chain Saws	
Microsoft Power Point	Building & Setting Concrete forms	
Microsoft Excel/Spreadsheets	Pouring concrete driveways, curbs, sidewalks	
Outlook	Accurately filling out daily reports	
Quicken_____	Operate two way radios	

Summarize other qualifications, job related skills, specialized training, and or certificates received:

DISCLAIMER AND SIGNATURE

I certify that my answers are true and complete to the best of my knowledge. I understand that my misrepresentation or omission of information made by me in this application or any other documentation submitted for consideration of my employment will be sufficient cause for immediate discharge regardless of length of employment. I further understand that failure to complete this application in its entirety may be cause for my application to be disqualified from consideration. Applicants may request any needed accommodation to participate in the application process.

In consideration of my employment, I agree to conform to the policies and procedures of the City of Warsaw, Missouri. Any employment and compensation can be terminated or changed with or without cause, and with notice at any time, at the option of the City of Warsaw.

I hereby authorize the City of Warsaw, Missouri to make a thorough investigation of my past employment and activities, agree to cooperate in such investigation and release from liability or responsibility all persons, companies or corporations supplying such confident information. I further agree that the City of Warsaw may furnish like information to those with whom I may hereafter seek employment and agree to save the City of Warsaw free and harmless from and all liability thereof.

Signature:	**Date:**